

# **EXHIBIT 15**



## State of South Carolina

## Change Order# 5

Contract Number:	4400021038
Date:	5/27/2021
Procurement Officer:	Elizabeth M. Muenzenberger
Phone:	803-898-1844
E-Mail Address:	<a href="mailto:Elizabeth.M.Muenzenberger@dss.sc">Elizabeth.M.Muenzenberger@dss.sc</a>
Address:	1535 Confederate Avenue Columbia, SC 29201

**DESCRIPTION: Statewide Support for Non-Therapeutic Foster Families**

## USING GOVERNMENTAL UNIT: South Carolina Department of Social Services

CONTRACTOR'S NAME AND ADDRESS: Miracle Hill Ministries

P.O. Box 2546  
Greenville, South Carolina 29602

#### TYPE OF CHANGE:

Change to Contract Scope of Work  
 Change to Contract Pricing Pursuant to Existing Contract Clause

Change to Clause Name:

Clause No.:

Administrative Change to Contract (such as changes in paying office, name of Agency Contract Administrator, etc.)  
 Other Change

**IMPORTANT NOTICE:**

**Change Order:** Contractor is required to sign this document and return **one (1)** copies to the procurement officer named above by the following date: **7/15/2021** Signed copy may be returned by email.

**Contract Modification:** Contractor is required to acknowledge receipt of this document in writing by the following date: \_\_\_\_\_ Signed copy may be returned by email.

Contractor does not indicate agreement with change simply by acknowledging receipt.

**DESCRIPTION OF CHANGE / MODIFICATION:** (Attach additional pages if necessary)

This contract will be extended to July 1, 2021 through June 30, 2022. SCDSS will remove the administrative rate effective July 1, 2021 at Miracle Hill's written request not to receive these funds. A change to the Scope of Work has been listed on Page 2.

Except as provided herein, all terms and conditions of the Contract referenced above remain unchanged and in full force and effect.

**CONTRACTOR'S CERTIFICATE OF CURRENT COST OR PRICING DATA:** The Contractor certifies that, to the best of its knowledge and belief, the cost or pricing data (as defined by 48 C.F.R. 2.101) submitted, either actually or by specific identification in writing, by the Contractor to the Procurement Officer in support of this change order are accurate, complete, and current as of the date this change order is signed. *[Procurement Officer must initial here \_\_\_\_\_ if Certificate inapplicable to this Change Order]*

(See "Pricing Data -  
SIGNATURE OF PERSON AUTHORIZED TO EXECUTE THIS  
PURCHASE ORDER & CERTIFICATE OF EXCELLENT ACTOR

SIGNATURE OF PERSON AUTHORIZED TO EXECUTE / ISSUE THIS  
CHANGE ORDER / CONTRACT MODIFICATION ON BEHALF OF  
USING GOVERNMENTAL UNIT:

By: \_\_\_\_\_  
(authorized signature)

DIGITAL SIGNATURE  
Digitally signed by Susan  
Roben  
Date: 2021.07.20  
10:50:00 -04'00'  
(with a pen and a signature)

(authorized signature)  
  
**Ryan T. Duerk**  
-----  
(printed name of person signing above)  
  
**CEO**  
-----  
Its: \_\_\_\_\_  
(title of person signing above)  
**7.19.21**

(authorized signature)  
**Susan Roben**  
(printed name of person signing above)

The Provider must provide SCDSS a yearly Foster Home Recruitment and Retention Plan by August 15, 2021. Foster Home Recruitment and Retention efforts must be submitted to SCDSS on a quarterly basis to the Statewide Foster Parent Liaison. Reports must be submitted via email to [FPhelp@dss.sc.gov](mailto:FPhelp@dss.sc.gov).

Monthly Rate Effective 7/1/2021 - 6/30/2022

Age	Rate per Month
0-5 Years	\$605.00
6-12 Years	\$708.00
13+ Years	\$747.00

END OF CHANGE ORDER FIVE